



STATE OF NEW JERSEY



Application for Firearms Purchaser Identification Card and/or Handgun Purchase Permit

This form is prescribed by the Superintendent for use by applicants for Firearms Purchaser I.D. Cards & Handgun Purchase Permits. Any alteration to this form is expressly forbidden.

Check Appropriate Block(s)

- ☐ Initial Firearms Purchaser Identification Card
☐ Lost or Stolen Identification Card
☐ Mutilated Identification Card
☐ Change of Address on Identification Card
☐ Change of Sex on Identification Card

- ☐ Change of name on Identification Card

List former name and attach copy of marriage license or court order

- ☐ Application to Purchase a Handgun Quantity of Permits: _____

(1) NAME Last (If female, include maiden) First Middle			(2) SOCIAL SECURITY NUMBER - -
(3) RESIDENCE ADDRESS Number & Street City State Zip			(4) HOME TELEPHONE () -
(5) DATE OF BIRTH / /	(6) AGE	(7) PLACE OF BIRTH City, State, Country	(8) DRIVER'S LICENSE NUMBER & STATE
(9) SEX RACE HEIGHT WEIGHT HAIR EYES	(10) DIST. PHYSICAL CHARACTERISTICS (Marks, Scars, Tattoos)		(11) U.S. CITIZEN ☐ Yes ☐ No
(12) NAME OF EMPLOYER EMPLOYER'S ADDRESS & TELEPHONE			(13) OCCUPATION
(14) ADDRESS APPEARING ON FORMER FIREARMS IDENTIFICATION CARD (If Applicable)			(15) N.J. FIREARMS ID CARD/SBI NUMBER
(16) Have you ever been convicted of any domestic violence offense in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a deadly weapon? If yes, explain.			
(17) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.			
(18) Have you ever been adjudged a juvenile delinquent? If yes, list date(s), place(s), and offense(s).			
(19) Have you ever been convicted of a disorderly persons offense in New Jersey or any criminal offense in another jurisdiction where you could have been sentenced up to six months in jail that has not been expunged or sealed? If yes, list date(s), place(s) and offense(s).			
(20) Have you ever been convicted of a crime in New Jersey or a criminal offense in another jurisdiction where you could have been sentenced to more than six months in jail that has not been expunged or sealed? If yes, list date(s), place(s) and crime(s).			
(21) Do you suffer from a physical defect or disease?		(22) If answer to question 21 is yes, does this make it unsafe for you to handle firearms? If not, explain.	
(23) Are you an alcoholic?		(24) Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim, or permanent basis? If yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment.	
(25) Are you dependent upon the use of a narcotic(s) or other controlled dangerous substance(s)?		(26) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric condition? If yes, give the name and location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.	
(27) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, permit to carry a handgun or any other firearms license or application refused or revoked in New Jersey or any other state? If yes, explain.			
(28) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of force and violence, either to overthrow the Government of the United States or of this State, or which seeks to deny others their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s).			
(29) Names, Addresses and Telephone Numbers of two reputable persons who are presently acquainted with the applicant, other than relatives: A. _____ B. _____			

APPLICANT: DO NOT WRITE BELOW THIS SPACE

A non-refundable fee of \$5.00 for a Firearms Purchaser Identification Card (Initial Firearms Purchaser ID card only) and/or \$2.00 for each Permit to Purchase a Handgun, payable to the Superintendent of State Police or the Chief of Police in the municipality in which you reside, must accompany this application.

APPROVED



IDENTIFICATION CARD/PERMIT NUMBER(S)

DISAPPROVED



Reason for Disapproval

- ☐ A. CRIMINAL RECORD
☐ B. PUBLIC HEALTH SAFETY AND WELFARE
☐ C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND
☐ D. NARCOTICS/ DANGEROUS DRUG OFFENSE
☐ E. FALSIFICATION OF APPLICATION
☐ F. DOMESTIC VIOLENCE
☐ G. OTHER (SPECIFY) _____

GRANTED ON APPEAL



I hereby certify that the answers given on this application are complete, true and correct in every particular. I realize that if any of the foregoing answers made by me are false, I am subject to punishment.

(30)

Signature of Applicant

Date of Application

(The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential.)

Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.

APPLICANT: DO NOT WRITE BELOW THIS SPACE

This _____ Day of _____, 20____

Signature

Title

Department of Police

Municipal Code #